TRAVERSE AREA COMMUNITY SAILING PROGRAM PARTICIPATION FORM

FULL NAME(w/Nickname)	PHONE .
FULL NAME(w/Nickname) EMERGENCY CONTACT	DHONE :
ADDRESS	THORE:
CITY,STATE,ZIP	_
BIRTHDAY (MM/DD/YYYY)	VCE.
PARENTS NAME(S):	DAYTIME DHONE:
PARENTS NAME(S):	DAYTIME PHONE:
Parent email:Sail	lor amail:
SCHOOL:	GRADE:
FAMILY PHYSICIAN:	DUVCICIAN DUONE:
	POLICY: #:
PREVIOUS CONCUSSION HISTORY:	
KNOWN ALLERGIES / SIGNIFICANT MEDICAL HISTORY:	
NIOWN ALLERGIES / SIGNIFICANT MEDICAL HISTORY.	
Date of LACT TETANLIC IMMUNITATION.	
Date of LAST TETANUS IMMUNIZATION:	
In the event of injury requiring medical attention, TACS Instructors above. Then, if unsuccessful, the named Emergency Contact. It is to allow treatment authorization by named Emergency Contact, or Center Emergency Department be given authority. By law, hospita event he or she becomes ill or injured, except in life or death situation.	recommended that the following portion of this form be signed r, in the event that no one can be reached, that Munson Medical all emergency personnel can do nothing for your child in the
EMERGENCY ROOM TREATMENT PERMIT / LIMITED POWE	ER OF ATTORNEY
The undersigned does hereby grant to the individual listed above a parent is unavailable, I hereby grant the following individuals, (pleMunson Medical Center Emergency Room PhysicianMunson Medical Center Emergency Room Nurse the limited Power of Attorney to act for me and to give the require diagnoses, and treatment, including surgical intervention, if necess in attendance of Traverse Area Community Sailing Programs from things as I might or could do if personally present. This limited Pow Michigan Estates and Protected Individuals Code, MCL 700.5103.	ease indicate by initials), ed consents and authorizations for the delivery of medical care, sary, on behalf of my minor child listed above, while he or she is April 2019 to November 2019, and to do all other necessary
Signature of Parent or Guardian approving the limited power of att	tornev
Signature of Furcine of Guardian approving the infliced power of da	torney
Print Name of Parent or Guardian	
Relationship to child	
Participant / Parent Liability Waiver and Acknowledgment	t of Risk
Traverse Aven Community Cailing the City of Traverse City	weather accepted success their directors officers and
Traverse Area Community Sailing, the City of Traverse City and an employees and volunteers, do not accept any liability for loss of life any activity engaged in during the Youth / Adult Sailing Program for I, as a participant or parent or legal guardian of the above named sailing. I grant my child permission to engage in these activities will Pursuant to the provisions of the Michigan Estates and Protected I myself and my child and agree to hold Traverse Area Community Sharmless and free of any liability for damage or injury that I or my	e or property, personal injury or damage caused or rising out of or any reason whatsoever. By participating in this sailing program, sailor, am knowledgeable of the inherent risk in the sport of ith full knowledge that there is an element of danger involved. Individuals Code, MCL 700.5109, I agree to assume the risks for Sailing and its directors, officers, employees and volunteers

PARTICIPANT'S SIGNATURE (parent if under 18)______DATE: _____

Educational Material for Parents and Students (Content Meets MDCH requirements)

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

Understanding concussion, Some Common Symptoms:

- Headache
- Pressure in the Head
- Nausea/Vomiting
- Dizziness
- Balance Problems
- Double Vision
- Blurry Vision
- Sensitive to Light

- Sensitive to Noise
- Sluggishness
- Haziness
- Fogginess
- Grogginess
- Poor Concentration
- Memory Problems
- Confusion

- "Feeling Down"
- Not "Feeling Right"
- Feeling Irritable
- Slow Reaction Time
- Sleep Problems

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a

"ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- **1. SEEK MEDICAL ATTENTION RIGHT AWAY** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- **2. KEEP YOUR STUDENT OUT OF PLAY** Concussions take time to heal. Don't let the student return to play the day of injury and until a heath care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- **3. TELL THE STAFF ABOUT ANY PREVIOUS CONCUSSION** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- . Can't recall events prior to or after a hit or fall
- . Is unsure of game, score, or opponent

- · Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- . One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- * Weakness, numbness, or decreased coordination
- . Repeated vomiting or nausea
- Slurred speech
- * Convulsions or seizures
- Cannot recognize people/places

Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional. Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material acknowledgement Form

CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Traverse Area Community Sailing.

Participant Name Printed	
Participant Name Signature	
Date	
Parent or Guardian Name Printed	
Parent or Guardian Name Signature	
Date	

Please return this signed form to Traverse Area Community Sailing who must keep it on file for the duration of participation or age 18. Participants and parents please review and keep the educational materials available for future reference.